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I hereby certify that this correspondence is being facsimile transmitted Henri Duong to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Filed Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-**Application Number** 09/23/2003 10/669.668 1450" [37 CFR 1.8(a)] 07/14/2007 For America & Europe Reputation Member Èxaminer Signature. Art Unit 3628 Shannon S. Saliard Typed or printed Henri Duong name \_ Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) 250.-Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment . I have enclosed a duplicate copy of this sheet. to Deposit Account No. A petition for an extension of time under 37 CFR 1.138(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. Henri Duong See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. Typed or printed name (Form PTO/SB/96) 626 576 8112 attorney or agent of record. Registration number Telephone number 07/14/2007 attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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